

CONFIDENTIAL JOB APPLICANT INCOME SURVEY
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 52665 (11/04)

This information is being requested because _____ (Name of Company) has received a government-assisted loan. Your answers will be treated confidentially, and will not affect a hiring decision.		
Name	Address	County
1. Were you employed at the time you applied for this job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please Explain) _____		
2. Check here if your family's total annual income from all sources is less than: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Single \$ _____ <input type="checkbox"/> Family of 2 \$ _____ <input type="checkbox"/> Family of 3 \$ _____ <input type="checkbox"/> Family of 4 \$ _____ <input type="checkbox"/> Family of 5 \$ _____ <input type="checkbox"/> Family of 6 \$ _____ <input type="checkbox"/> Family of 7 \$ _____ <input type="checkbox"/> Family of 8+ \$ _____ </div> <div style="width: 35%; font-size: small;"> Use data from Section IV of Program Distribution Statement for your county. Specific County Job Retention Income Survey forms are available through the DCS upon request. </div> </div> Check here <input type="checkbox"/> if your income was <u>more</u> than shown in the appropriate category		
3. Please indicate the average number of hours per week you are employed. <input type="checkbox"/> 20 hours/week or less <input type="checkbox"/> 21-31 hours/week <input type="checkbox"/> 32 hours/week or more		
4. Were you hired through a job training program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Please indicate your racial group: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> White</div> <div style="width: 33%;"><input type="checkbox"/> Asian & White</div> <div style="width: 33%;"><input type="checkbox"/> American Indian/Alaskan Native</div> <div style="width: 33%;"><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</div> <div style="width: 33%;"><input type="checkbox"/> American</div> <div style="width: 33%;"><input type="checkbox"/> Black/African American</div> <div style="width: 33%;"><input type="checkbox"/> Indian/Alaskan Native & White</div> <div style="width: 33%;"><input type="checkbox"/> American Indian/Alaskan Native & Black/African American</div> <div style="width: 33%;"><input type="checkbox"/> Asian</div> <div style="width: 33%;"><input type="checkbox"/> Black/African American & White</div> <div style="width: 33%;"><input type="checkbox"/> Other Multi-Racial (specify) _____</div> </div>		
6. Head of Household (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Are you handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information provided above is a true representation of my current family income and size at the present time and I understand that this information may be subject to verification. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ Signature of Employee </div> <div style="width: 35%;"> _____ Date </div> </div>		
TO BE COMPLETED BY EMPLOYER		
Job Title of Employee (listed above):		
Does this position require any skills beyond a high school degree? If yes, please specify requirements needed for this position:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business providing any special training for this position? If yes, describe training project:		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature of Employer		_____ Date